2002 UNIFORM BUSINESS REPORT (UBR)

May 17, 2002 8:00 am § Secretary of State DOCUMENT # P01000109429 1. Entity Name 05-17-2002 90038 034 ***150.00 BESTA-ONE PIZZERIA-INC. SUBWAY #25665 CORPORATION Principal Place of Business Mailing Address 4185 MARINER BLVD 4185 MARINER BLVD SPRING HILL FL 34606 SPRING HILL FL 34606 2. Principal Place of Business 3. Mailing Address 4339 U.S. HIGHWAY 19 N. 3265 GARDENIA DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For SPRING HILL, FL 34607 SPRING HILL, FL 34607 59-3758479 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HIGGINBOTHAM, GERALD W Street Address (P.O. Box Number is Not Acceptable) 3265 GARDENIA DR SPRING HILL FL 34607 City Zip Code 8. The above, ramed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE D/VP/S/T Thange ☐ Addition NAME HIGGINBOTHAM, CAROLINE D NAME HIGGINBOTHAM, CAROLINE D. STREET ADDRESS 3265 GARDENIA DR STREET ADDRESS 3265 GARDENIA DRIVE CITY-ST-ZIP SPRING HILL FL 34607 CITY-ST-ZIP SPRING HILL, FL 34607 TITLE ☐ Delete TITLE D/P Change ★ Addition NAME HIGGINBOTHAM, GERALD W. NAME STREET ADDRESS 3265 GARDENIA DRIVE STREET ADDRESS CITY-ST-ZIE SPRING HILL, FL 34607 CITY-ST-ZIP TITLE TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if CAROLINE D. HIGGINBOTHAM

SIGNATURE: X

FILED